

# REPORT OF DEATHS

To be sent to the District Registrar immediately after each Death

*Date of Death* Jan, 5, 199,  
*Name of Deceased* (5467) Lueng Loong Tai  
*Sex* male *Age* years *months* days. *Nationality* china  
*Cause of Death* Heart failure subsequent to Beriberi.  
*Attending Physician* L. A. Saley.  
*Last Place of Residence*  
*Place where death occurred*  
*Where buried*  
*Information given by*